



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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**Important Notice about New Hampshire Medicaid Copayments**

To NH Medicaid Providers:

Beginning March 1, 2016, all adult Medicaid recipients, age 18 or older, with income above 100 percent of the Federal Poverty Level (FPL) and not in one of the exempt groups listed on the back of this letter, will be charged copayments for the services outlined below. Copayments are required of these Medicaid recipients if they are enrolled in either the state fee-for-service program or with one of the two Medicaid managed care organizations (MCO): New Hampshire Healthy Families or the Well Sense Health Plan.

Providers will be responsible for collecting the copayments. DHHS estimates that approximately 5,500 standard Medicaid recipients will be subject to copays. These recipients will be mailed their copayment notice mid-January, 2016. The notice will also be posted on the DHHS website:

<http://www.dhhs.nh.gov/ombp/caremgmt/index.htm>.

An individual's total out-of-pocket copayment expense, including pharmacy copays, cannot exceed \$147 per calendar quarter. The total resets to \$0 with the beginning of each quarter.

Copayment Amount	Service
\$3.00	<ul style="list-style-type: none"><li>• Primary Care Provider Visit for illness or injury</li><li>• Other Medical Professional Visit (e.g., PA, APRN)</li><li>• Behavioral Health Outpatient Visit</li><li>• Physical Therapy</li><li>• Occupational Therapy</li></ul>
\$8.00	<ul style="list-style-type: none"><li>• Physician Specialist Visit</li><li>• Speech Therapy</li></ul>
\$35.00	<ul style="list-style-type: none"><li>• High Tech Radiology Imaging (CT/PET Scans, MRI's)</li></ul>
\$125.00	<ul style="list-style-type: none"><li>• Hospital Inpatient Admission</li></ul>
\$4.00	<ul style="list-style-type: none"><li>• Preferred Drugs *Please read back of this notice.</li></ul>
\$8.00	<ul style="list-style-type: none"><li>• Non-Preferred Drugs *Please read back of this notice.</li></ul>

Documents detailing the copayment requirements will be posted on the DHHS website and also on the main page of the MMIS portal, in *Copay Requirements* under *Quick Links*. In addition, there will be provider information sessions outlining the program and webinars on how to read the MMIS eligibility screens.

If you have questions about copayments, please call the MMIS Provider Relations Call Center at 866-291-1674.

## **New Hampshire Medicaid Copayment Exemptions**

The following groups of recipients and services are exempt from copayments in Medicaid.

### **Groups Exempt from Copayments in Medicaid**

- Recipients with income at or below 100% of the Federal Poverty Level (FPL)
- Recipients in a nursing facility or in an intermediate care facility for individuals with intellectual disabilities
- Recipients participating in the Home and Community Based Care (HCBC) waiver programs
- Recipients receiving services that relate to pregnancy or any other medical condition that might complicate the pregnancy
- Recipients in the Breast and Cervical Cancer Program
- Recipients receiving hospice care
- Recipients who are Native American or Alaskan Natives
- Recipients under the age of 18

### **Services Exempt from Copayments in Medicaid**

- Services furnished to pregnant women, including counseling and pharmacotherapy for cessation of tobacco use
- Emergency services
- Provider-preventable services
- Family planning services and supplies
- Preventive services

These exemptions are codified at 42 USC §§ 1396-o and 1396o-1. See also 42 C.F.R. §447.50 - 447.90 for the cost-sharing regulations for Medicaid: [www.ecfr.gov](http://www.ecfr.gov)

### **\*For Medicaid recipients subject to prescribed drug copayments:**

- A copay of \$4.00 will be required for each preferred prescription drug and each refill of a preferred prescription drug.
- A copay of \$8.00 will be required for each non-preferred prescription drug and each refill of a non-preferred prescription drug, unless the prescribing provider determines that a preferred drug will be less effective for the recipient and/or will have adverse effects for the recipient, in which case the copay for the non-preferred drug will be \$4.00.
- A copay of \$4.00 will be required for a prescription drug that is not identified as either a preferred or non-preferred prescription drug.
- Copays are not required for family planning products or for Clozaril (Clozapine) prescriptions.